

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

**CERTIFICATE AMENDED
SEE NOTATION**

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH**

State File No. 137
Registered No. 157

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Lower Miami or Village _____
City Miami No. 10 Brown Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Asuncion Garcia
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth July 1, 1925
Month Day Year

8. FATHER
Full name Asuncion Garcia

9. Residence (Usual place of abode) Mexico
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation Common Laborer
Nature of Industry _____

14. MOTHER
Full maiden name Juana Herrera

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 16 (Years)

18. Birthplace (city or place) Mexico
(State or country) _____

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:50 p. m. on the date above stated
(Born alive or stillborn.)

Signature J. H. Miller
(Physician or midwife).

Given name added from supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed July 10, 1925
Registrar _____

Given names of registrant corrected by Affidavit and baptismal certificate (3-15-68 FHB)